

growth. It was scrub or circulate and that is all its been for a long time. We will now attract people into perioperative nursing with the RNFA program.

What are the legal implications of and RNFA assisting with surgery if he/she is not properly certified? In Canada you are just getting into certification for perioperative nursing. You will also have to deal with certification for RN first assistants at some point in time and ensure they are properly educated and credentialed according to whatever the province or jurisdiction says is required.

First of all, in an emergency situation, in the U.S. almost all State's have a clause for what is called 'a delegated medical act'. What that means is if you are in a situation where you need to assist during an emergency, the physician in that situation may delegate medical acts to you to have you assist and that is perfectly within your scope of practice as a nurse and perfectly within the physician's scope of practice as a physician. Now, what the physician can't do is routinely delegate those medical acts to you in a way of getting around the requirements for an RNFA.

No 'Specialized' RNFAs

Are there specialized RN first assistants? Well, yes there are but let me tell you our program doesn't prepare them that way, not in the didactic part of their course. They hate it because of course all the cardiac perioperative nurses have to learn about gallbladders and where the cystic artery is, and where the cystic duct is and the node of Calais. All they want to do is hearts. Well guess what, that is not all they are going to be tested on in their certification exam and so it is a generalist's course. They are allowed to specialize in their internship and yes of course many of them assist in just one specialty, that is a very risky thing to do. We are talking about re-engineering here, restructuring, we are talking about career security. The perioperative nurse of the future will be multi-competent generalist/specialist, which means you don't just do hearts, and my message to my RNFA's is get out of that heart room, get yourself able to assist in other things because as we go through mergers and acquisitions, what if they get rid of the hearts in one of those hospitals that just got acquired and merged, and all you can do is hearts. You don't have a job. You need to be career-secure and I say be a generalist/specialist, your general specialty is perioperative nursing, but be a specialist within that field in a number of areas, not just one.

How much is it? Let's just say the maximum for somebody from out of the country would be \$200.00 U.S. dollars. So it is six credits at \$200 each and then of course you have to think about books, telephone because you to talk to your faculty facilitator during your internship every two weeks. Also you would

have to fly or drive, stay in a hotel

The final message is that we need to cooperate, we need to collaborate, but we will not capitulate. We will cooperate with our physician colleagues, we will cooperate with our colleagues on jurisdictional boards of nursing, we are extremely well positioned. The question we have to keep asking ourselves is - can we move? Can we move, are we ready to move? We can't sit still. To progress is to choose, but to choose is very difficult. Many of you may have heard of Mia Angelo, poet laureate in the United States. Now this is what Mia has to say from one of her stunningly meaningful books called *Wouldn't Take Nothing For My Journey* Now and it is called *New Directions*.

"Each of us has the right and the responsibility to assess the roads which lie ahead and those over which we have travelled and if the future road looms ominous or unpromising and the roads back uninviting, then we need to gather our resolve and carrying only the necessary baggage, step off that road into another direction. If the new choice is also unpalatable, without embarrassment, we must be ready to change that as well. You and I have to commit to not paving the cow path. You know what is behind us that didn't work, that was bumpy. That is not where we want to spend our time, paving our road. And if it means that we have to find our new path and create new roads, we can and we will. Together we can do anything."

The other thing that we have to remember is that we are the only group of people in the whole world that can do something like this and feel incredibly proud of it. Now if you can do that and be proud of it, you can create any road, follow any path and find any place that you wish to find. I just can't tell you how many times I have talked, maybe this is the third time, about the RN first assistant with you, ORNAC, to watch your growth, to see the things that have happened, I just cannot...and I say to you again with the most humble sincerity, I am so privileged to have been a part of you, to learn these lessons, to watch you grow and to go a little bit of this journey with you, I am so proud of you. I hope that you are proud of yourselves. You have done something that is so important for the future of health care in Canada. It is not just for the future of the perioperative nurse, it is for the future of perioperative nursing care. You are well on your way to the place that you want to be, to see that you give quality, safe, cost-effective care. There is no better place to be. ■

The ORNAC Legacy

Reflections on the association's roots with an eye to the future

By Joan Donald, R.N., B.Sc.N.

Introduction

Many operating room nurses are struggling these days to keep up their enthusiasm and faith in our health care system when so many difficult changes are underway in our hospitals.

The question remains, is our health care system being threatened or simply being streamlined? There are as many answers to that question as there are people and the one true answer will lie with the future. Lately, it seems politically dangerous to offer an opinion. But are there traditions that will provide us with better insights and courage to face the future, whatever lies beyond? I believe there are and I believe that they are here in our own organization and in our own people, both past and present. I have called this presentation "Our legacy" - a time together to reflect on our roots as we prepare to branch into the future.

The metaphor of a tree has certain appeal when attempting to look at "Tradition and Beyond" in the Operating Room Nurses Association of Canada (ORNAC). The pioneers of the past have provided the basis for our traditions and roots. The sap, which runs from the roots to the branches, can be likened to the spirit of operating room nursing. This in turn feeds the branches as they reach for the sky and beyond. Branches go in many directions which can be compared to our nursing practice which is constantly evolving and changing. Just as each leaf is a unique creation of nature, so too each nurse is a unique creation, depending on their heredity and life experiences.

Just as a tree has its fresh, green foliage, so too nurses have fresh, new, and innovative ideas. Leaves change colour in the Fall and the tree becomes a display of vibrant colour - a mosaic - a kaleidoscope of brilliant tones. Nursing is made up of nurses who provide vibrancy and diversity. Each has a different personality, different point of view, and a different approach to patient care. But each and every nurse

contributes to the well-being of the organization. Just as a leaf brings breath and nourishment to the tree, so too each operating room nurse brings life to OR nursing and to ORNAC. No one nurse is more valuable or less valuable than another.

As the leaves age or drop from the tree they return to the earth valuable nutrients that are taken up in the root system. The circle of life for the tree is complete. As nurses retire or move on from ORNAC, they leave behind valuable gifts that provide essential elements for the growth and development of the organization. We may not always recognize or appreciate these gifts, but we are the richer for them. Our circle of life is complete.

Traditions or Roots

Reflecting on our roots could take us back a very long way and involve many people. For fear of omitting someone, I will not attempt to name the many pioneers of the past. ORNAC is a mere child of 12 years. Not even a teenager, yet. However, national conferences were held in various centers across Canada for many years prior to ORNAC's beginnings. The national conference (planning) committee was comprised of nurses from various provinces who planned and organized national conferences. These nurses were just as confident, capable, dedicated, and committed as national committees have been since 1983.

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They established a national network that provided the foundation for the formation of our organization.

As we sat around the table at the national conference meeting in Winnipeg in 1982 and discussed the wisdom of becoming a formal, structured organization, there was cautious optimism. Much has transpired since then and as the saying goes "The rest is history" - and what a proud history it has been!

We must remember the people who have influenced our lives, and examine what we have inherited from them and what our responsibility is for the future.

Family

While reflecting on our roots, we need to identify the people who have contributed to our beginnings, our growth and development. We'd be remiss if we neglected to start with our families. Can you remember those special moments in your childhood when mum said "Wait until your father gets home!" In addition to our parents, our brothers and sisters, all relatives contributed to our growth as a unique human being. A special influence is that of our immediate family - our husband or wife and our children.

One of the many professors who have made an impact on me this past year is Clive Beck. He emphasizes the contribution that our children and our students make to us. He says that when we try to teach values to others - students, patients, fellow community members and our own children - we should use a "dialogue" approach as much as possible. Most importantly, we should recognize that we can learn as much from our "students" as they can from us. Each of them has had a life-time of experience and reflection which is a great resource. If we don't take advantage of their insights, listening to them as much as they listen to us, we will miss out on a major learning opportunity for ourselves and also hinder their learning. In addition, the relationship that evolves is better as a result. He further states "I have always learned as much from the "students" in my adult values class as they have from me."

Teachers, mentors, and colleagues

Our teachers and mentors have given us special tokens of their knowledge, skills, and talents. We learn so much from so many. Some of these have been our colleagues and coworkers.

How well I remember, as a student nurse, my first experience in the Operating Room. Terrified as I was, as the temperamental surgeon threw a haemostat across the room, hitting the circulating nurse in the shin with

it, I vowed that this experience would not be the memorable highlight of this rotation. Rather, I would remember events that were special to me - such as the lady who had a full placenta previa and was bleeding to death before our eyes. I remember how the OB and I frantically wheeled her to the OR. How we insisted that the anaesthetist come from the theatre out into the hall and provide some form of anaesthesia while the surgeon opened the belly and we (me with my limited, but adequate for the moment, OR experience) delivered a live baby and saved a mother's life.

My operating room experience ended up being the most significant part of my training, so much so that I went on to specialize in OR nursing. I credit much of this to one special OR nurse who encouraged me, taught me, and who became my mentor. Her name was Joyce and I later nursed her dying father. When I graduated, Joyce gave me a Hummel figurine which still sits proudly on my dresser as a reminder of a special nurse who definitely influenced my life.

What do you recall of your early operating room experience? Do you remember your instructor, a certain doctor, or perhaps a staff member who was especially patient and good to you? Were there times when you nearly quit or left the OR but something drew you back? Someone challenged and encouraged you and that was all you needed.

I chose to be in OR Nursing. It chose me to stay.

Leadership

What of nursing leadership today? Is it an elusive or disappearing commodity? Admittedly, there are pockets of strong leadership evident in various areas of Canada. But what of other nursing leaders? Are they an endangered species? Are you as concerned as I am? One has to question their impact or role in health care reform. Are they providing a leadership and mentoring role or are they barely visible; seldom heard; almost insignificant as leaders? Has there been too much concern with pleasing administrators, boards, or politicians? Nursing's voice at the management table appears to be less and less audible. Nursing leaders have been stripped of their power. I am told that right here in Vancouver, one facility appointed an administrator whose acknowledged mandate was to disempower nursing and, it happened.

Dorothy del Bueno said in 1993 that "there is a loss of nursing oversight and influence on patient care when none or few of the administrators are nurses. Even if nurses are aligned through professional practice councils, their ability to influence policy and

financial decisions relating to patients will be limited. Thus, nurses may have gained a forum, but lost their voice".

Have we been caught dozing? Have we created an elitist group who are so focused on nursing models, theories, and nursing only, that we are being left behind? We must "mainstream" - get involved in the political arena, business world, and volunteer to be a team player. The literature increasingly tells us of the value of degrees outside of nursing such as sociology, business, education, and management. If we are to be valued in the mainstream of health care, we have to broaden our perspectives. Yes, we have to have nursing knowledge, but we can bring other knowledge and skills to the table also. Get involved, speak out, show the world your leadership skills. As Jane Fulton said to the ORNAC/Vancouver Conference, we need to have a broader outlook and tell the world what we are about.

OR nursing groups have a tradition of strong leadership. How can we convince these leaders to take this tradition beyond? Beyond the doors of the Operating Room and into the board rooms of Canada's hospitals. I have often heard "but I couldn't do that - I don't have what it takes". In the words of Jonathan Swift:

Although men are accused of not knowing their own weakness, Yet perhaps few know their own strength. It is in men as in soils, where sometimes there is a vein of gold which the owner knows not of.

The vision, talent, and ability are all present in our OR leaders. What is needed is the spirit of commitment - commitment to the bigger picture of nursing management. This is not for everyone as many OR nurses would never be satisfied outside the Operating Room. Having a position which allowed time in both areas would be the ideal. OR nurses have so much to contribute and nursing leadership lies wanting and in need. OR nurses are capable of meeting that need.

What did these folks from the past give us? Is there anything of substance, something we can identify? Something we can point to and say we inherited this or that? Or is it like beauty; only in the eyes of the beholder? I think it is both. The items of substance are many and can be listed. The list includes:

"ORNAC" - a highly respected organization which is recognized internationally. An organization with a vision, a mission statement, goals and objectives, an executive and a board of directors.

ORNAC has a bank account, standards, position statements, and guidelines for national conferences.

We have awards, a chain of office, a national journal and a national exhibitors advisory committee (NEAC) whose contribution is considerable. The list could go on and on. Have we something of substance? There is no question - the list is impressive! Are there other legacies that we have inherited?

Those who went before us left something even more important than these tangibles. They left us spirit. Although spirit is something less discernable than a bank account, it is no less important. They left us a spirit that is undaunted in the face of adversity.

Spirit of Excellence

We learned at an early age how to care with compassion and understanding. We remember when mum soothed the tears produced by a scraped knee. The seeds of caring were planted then, when, as children, we were surrounded by love and tenderness. I believe this spirit grew and blossomed into something even grander - a spirit of excellence.

Regardless of the massive restructuring of our health care system, OR nurses continue to be committed and dedicated to quality patient care. OR nurses never waiver from giving their best. Even when hospital funding is not available for attending educational conferences, OR nurses make the sacrifices, find the money and attend. When you are called upon to work through the night to save a life, you don't question it, you just do it. Right? You don't do those things unless you have spirit that won't quit.

Once again I draw from my studies with Clive Beck. Emotion is an important source of motivation as it affects what we do. Because of this, we need to build up a rich emotional life with a wide range of emotions. People who are unusually alive with fun, energy, wit, and good humour, "Live more fully because they're able to use more of themselves."

We need practice in being affectionate, fearful, and angry in appropriate ways. To have emotions and express them takes courage. If we do not express our emotions we will not know what the consequences will really be and will not learn how to deal with the resultant conflict. One author says that "conflict is inevitable, the source of all growth, and an absolute necessity if one is to be alive". Beck believes that "conflict is another thing we must 'learn to do' through experience, acquiring the skill of remaining connected despite conflict". Trying to remain connected despite conflict is a challenge for everyone.

We rarely know for certain that we are making the best possible decision or even a good one. Accepting

the rough and tumble of life, constant change, mistakes, uncertainty - is essential for well-being. Human life has never been and never will be perfect. It is when we stop insisting on the perfect that we are able to attain the good.

Mark Phippen, when accepting the award for excellence at AORN, remarked that he had made lots of mistakes along the way and that he was by no means perfect. Receiving this award made him realize that he didn't have to be perfect - just excellent. Our leaders aren't perfect, not many of us are perfect, and the comforting thing is that we don't have to be. We just have to be excellent. A spirit of excellence has been established by the pioneers of the past and perpetuated by our leaders of the present.

What is excellence?

I especially like Aristotle's definition:

We are what we repeatedly do. Excellence, then is not an act, but a habit.

Have you ever thought of excellence as a habit? Think of it - the many things that you repeatedly do every day. Preparing lunches for the family, organizing your day, and getting to work on time. Preparing the equipment for surgery, completing the pre-op checklist, and efficiently managing the surgical procedure. You do these things repeatedly. You do them well and with excellence. Every nurse in this room could qualify for an award of excellence!

I don't say this to minimize the significance of such an award, I say this to emphasize that you need to believe that you are worthy - you must give yourself permission to believe that you are excellent. Believe this with all your heart and every day of your life. Especially on those days when things get you down and you need a "pick me up". If you remember nothing of this article, remember to tell yourself from time to time "I am excellent!"!! You have a God-given right to believe this because you have inherited a spirit of excellence.

Spirit of Curiosity

We have also been left a spirit of curiosity, a quest for knowledge, for life long learning. There is likely not another area of nursing that has been so bombarded by changing technology and advances in pharmacology as operating room nursing. Do OR nurses resist or shy away from these changes? No. They go to educational sessions, they practice, they proudly display their certification papers and then they provide leadership to others. We are a curious lot and enjoy the

challenge of learning something new. A commitment to life-long learning is part of our heritage and it is not restricted to work issues. OR nurses are known for their varied talents, abilities, and interests.

Last year I attended the AORN congress held in New Orleans. While we were there, one of the great jazz musicians of the era died and a state jazz funeral was planned. Everyone was talking about it - our bus drivers, the hotel people, shop keepers - and, naturally, curiosity took over. We found out its location and waited in anticipation along the street with the gathering crowd. Before we could see anything, we could hear "The Old Rugged Cross" being played by the band in the distance. As the Grand Marshalls led the casket and the pall bearers down the centre of the street, the crowd swelled in numbers. As they neared the cemetery, the chosen Marshalls performed the dirge - an elegant, graceful and proud stroll. The music was sombre, quiet and dignified. Only special guests were allowed into the cemetery, but an elderly black man explained to us what was taking place. As the service ends they lower the casket into the grave, the pastor says "Cut him loose! Cut him loose!" and with that, the deceased is off to heaven - cut loose of his earthly ties. He is now in heaven and everyone is happy for him. Let the celebrations begin!

It is now that the band breaks out with "Oh When The Saints Go Marching In" as they dance and play and lead the crowd down the middle of the street to continue the celebration. What a way to go! This time of jubilation is to celebrate the life of one who has gone on. There is no longer sadness, there is joy in the fact that this man lived, loved, and shared his gift of music.

For me, this was a wonderful learning experience. I learned something of the culture of the people of New Orleans, and, on reflection, I learned something even greater. It was this spirit of curiosity that led us to that place; a spirit which I inherited and for which I am grateful. Somehow, I knew that those who have gone before us would have approved. This leads me to the last of our traditions - a spirit of fun.

Spirit of Fun

Another area of study for me this past year was related to culture. According to Edgar Schein "Culture has been defined as the outcome of 'group' learning. When a number of people simultaneously face a problematic situation and have to work out a solution together, we have the basic situation for culture formation". I now believe that the culture of nursing is a very real one. Schein also explains something called *shared*

understanding which I also think is pertinent to nursing, but especially to OR nursing. The application of the five elements of *shared understanding* to OR nursing demonstrates our common language and our common bond.

Schein	OR Nursing
1. Common Anxieties	Discovery of similar anxieties and tensions, e.g., responses in emergency situations
2. Common Emotional Responses	To strong external threat, e.g., replacement of the RN with less qualified personnel
3. Common Overt Action	Joint activity to deal with the threat
4. Common Emotional Release	Joint activities that have symbolic meaning and emotion, e.g., attending the funeral of a patient.
5. Common Emotional Regression	Joint emotional release-dancing, athletics, party, feeling of sharing, self-disclosure, vulnerability, interdependence.

Having fun is an important factor in the life of the OR nurse. When we get together we chat about things of common interest and laugh at things that some folks wouldn't even understand, let alone think were funny. In our work we see things that make us appreciate life. With a heightened awareness of the fragility of life comes an increased sense of one's own mortality. As a result, social activities are important in the lifestyle of OR nurses. "Live each day to the fullest" is a motto worthy of adoption. The sharing of social time with OR friends has great value.

All of this is possible because we have been conditioned by those nurses who established the protocols for meetings and conferences. Can we even imagine a conference without the fun that accompanies the educational and working sessions? Hardly, and who would want to? We have inherited a spirit of fun with all its joy, laughter and comradeship - a tradition to be preserved.

As we reflect on our roots, I will summarize the traditions that I believe we have inherited from the

pioneers of the past

1. The Operating Room Nurses Association of Canada (ORNAC)
2. A Spirit of Excellence
3. A Spirit of Curiosity
4. A Spirit of Fun

These traditions are a legacy, which is by definition "Something handed down from one who has gone before". What does one do with a legacy, something handed down? Do you ignore it? Do you try to be nonchalant and say "that's nice but I didn't ask for it so I don't have to do anything about it"?

Just as a seed which is planted requires care and nourishment in order to grow into a tree, so too does the legacy of ORNAC require care and nourishment in order to grow and flourish. It needs you to support it, to contribute to it, to participate in its endeavours, and - most of all - to cherish it.

Never before has nursing been so under siege, so threatened. Never before has there been such an urgent need for dynamic, insightful, and strong nursing leadership. ORNAC is capable of such leadership. The leaders in ORNAC need each and every member behind them. We must never underestimate the power in an organization such as ORNAC. Being involved has its rewards. I gave many years to ORNAC and I don't regret one moment of it - it had its rewards. Continue to cherish ORNAC, Respect its power, and give them everything you've got!

Spirit of Excellence

Have you every stood back and watched your child or a young friend or relative and wondered, "Where did they learn to do that?" Or said to yourself "What a kind and thoughtful gesture. My kid did that?" Where do you think they learned those things? From whom did they inherit their abilities and talents? From you. You taught them to be kind, to want to do well, and to be excellent. Just as you have done for students and colleagues in nursing.

Remember my mentor Joyce, remember those that you have had and remember the many times that you have done the same for others. All too often we have run into someone who possesses great knowledge and ability who has no intention of sharing this. It's as if their professional image is diminished as a result of enhancing someone else's.

You've heard "love isn't love until it's given away". I think the same can be said for excellence.

As you help to bring a new life into the world, or care for a sick child, or return a parent to their family, or ease the pain of a dying patient, you are caring and

you are sharing your spirit of excellence. Each task you perform for your family and loved ones, each lesson you hear, and each tear you dry is an example of caring and sharing.

It is said that if you want to be a better tennis player, you should play with someone who challenges you or who is a better player than you are. When it comes to excellence, hang out with people who bring out the best in you and make you be your best.

Nurture your spirit of excellence. Like a fresh acorn, polish it, be proud of it, and share it.

Spirit of Curiosity

It is said that the only constant today is change. Such change requires constant learning. A commitment to life-long learning will enable you to keep pace with the changes occurring in our world. Is there anyone who can foresee with absolute certainty, how we will guarantee compliance to standards in these changing times? Maintaining professional competency will become increasingly important for ensuring quality care to our patients.

When I sit down to do something on the computer and I need help, I ask my son. Many OR Nurses can identify with that.

Researchers tell us that kids have a natural curiosity which, unfortunately, becomes stifled and begins to wane in kindergarten. We should encourage that spirit of curiosity in our children, our students, and our colleagues. These words attributed to John F. Kennedy demonstrate this spirit.

"Some people see things as they are and ask "why"? I see things that aren't and ask "why not"?"

This legacy, this spirit of curiosity, also needs to be valued and shared. In your quest for lifelong learning, learn first to ask Why? Then, ask Why not?

Spirit of Fun

We all have special memories of experiences, even conferences, when we really had lots of fun. A time when you laughed a lot, shared good times, and, as the Jasper conference taught us, you hugged a tree. Can you remember the last time you had fun - lots of fun? Hopefully, you will remember events of this conference week. But if you try to go back beyond that, how do you do? Can you recall making plans to just have fun - making an appointment to have fun! We should all take the time to plan time for fun.

We often tell others to "take time to smell the flowers, or "hug a tree, but are we good at following our own advice? Don't let the "if onlys" creep into your life. Make every moment count. You have inherited a spirit of fun. Enjoy it, share it, and "go for the gusto! Don't let those precious moments slip by. Don't live with regret.

What is Success?

To laugh often and love much,
To win the respect of intelligent persons and the affection of children;
To earn the approval of honest critics and endure the betrayal of false friends;
To appreciate beauty;
To find the best in others;
To give of one's self without the slightest thought of return;
To have accomplished a task, whether by a healthy child, a rescued soul, a garden patch or a redeemed social condition,
To have played and laughed with enthusiasm and sung with exaltation,
To know that even one life has breathed easier because you have lived;
This is to have succeeded.

Ralph Waldo Emerson

OR nurses "have played with enthusiasm and sung with exaltation" this week. Throughout their professional lives, OR nurses have an unrelenting devotion to their work as they seek to know that even one life has breathed easier because they have lived. This is success. Tradition and beyond - we have reflected on our roots and hopefully, I have given you some thoughts to guide you as you branch into the future. We have been left a legacy - a wonderful gift of ORNAC - the organization, and spirit. It is now yours to cherish, enjoy, and hand on to the next generation. Only by sharing it with others can we ensure a measure of our own immortality. Just as the pioneers of the past have become immortalized in us, so too will we become immortal as we pass our legacy on to the generations to come. Just as the tree completes the cycle of life, so too can we grow from our roots, nourished with our spirit to blossom into something grand and beautiful. From tradition and beyond — beyond into our tomorrows and our future.

References

- Beck, C. (1993). *Learning To Live The Good Life*. Toronto, ON, Canada, OISE Press.
- del Bueno, D. (1993). Paradigm Shifts - What's Good and Not So Good for Health Care. President's Message. *Nursing and Health Care*, 14(2), 100-101.
- Schein, E. (1985). *Organizational Culture and Leadership*. U.S.A., Jossey-Bass Inc.



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This article will provide an overview of a Laparoscopic Transperitoneal Nephrectomy, including operational procedure and O.R. setup as performed at Concordia General Hospital in Winnipeg, Manitoba.

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